

EXHIBIT 2

*The Steamship
Authority*

REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT <input type="checkbox"/> TERMINAL AREA <input type="checkbox"/> OTHER (Explain Below)

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE # _____

Date of Birth: _____ / 99 Marital Status: _____ SSA Occupation: _____

Nearest relative/relationship: (To be filled out by Passengers/Patrons only) - Thp Chaparone

Name: _____ Address: _____

INJURY INFORMATION

DATE OF INJURY: October 6, 2011 TIME: 1:45 AM/PM PM

LOCATION: _____

VESSEL: MV Eagle Trip # NOON Terminal: _____ Parking Lot: _____ Bus # _____

Other: N/A

Describe how injury occurred: Forward TV Area
Door slammed on finger (thumb)
high winds

Witness, if any: _____ Reported to: Purser Date: 10/6/11

Describe injuries, if any: (R) - hand thumb - swelling,
bruise appearing under nail

Was ambulance called? NO If YES, was injured party transported to hospital? _____ If YES, hospital name & address: _____

Did injured party make a statement as to cause of accident? If YES, what statement and to whom?
wind / Door

CREW MEMBER/EMPLOYEE:

Did the employee return to work? N/A If YES - When _____

Additional remarks: not broken or cut, bruising only

Injured Seaman must sign here: N/A Date: _____

If injury was on vessel, report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature: Adam Funt Position: Capt. Date: 10/6/11

MS

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<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT
<input type="checkbox"/> TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)
NAME: _____	
MAILING ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____ PHONE #: _____
Date of Birth: _____	Marital Status: _____ SSA Occupation: <u>N/A</u>
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)	
Name: <u>(Husband)</u>	Address: <u>Same</u>
DATE OF INJURY: <u>Nov. 20th 2011</u> TIME: <u>10:15</u> <u>AM</u> <u>PM</u>	
LOCATION: _____	
VESSEL: <u>MV Eagle</u> Trip # _____ Terminal: _____ Parking Lot: _____ Bus # _____	
Other: _____	
Describe how injury occurred: <u>rough conditions, steadied herself @ door to women's room, hand on door frame, door slammed on right hand thumb.</u>	
Witness, if any: _____ Reported to: _____ Date: _____	
Describe injuries, if any: <u>contusion on thumb, minor bleeding (press. broken) above first joint @ nail base.</u>	
Was ambulance called? <u>Yes</u> If YES, was injured party transported to hospital? <u>Yes</u> If YES, hospital name & address: <u>Cottage Hospital, Nantucket.</u>	
Did injured party make a statement as to cause of accident, if YES, what statement and to whom? <u>as above</u>	
CREW MEMBER/EMPLOYEE: <u>N/A</u>	
Did the employee return to work? <u>N/A</u> If YES - When _____	
Additional remarks: <u>seated, stabilized, iced</u>	
Injured Seaman must sign here: <u>N/A</u> Date: _____	
If Injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.	
Signature: <u>Don Moore</u>	Position: <u>Captain</u> Date: <u>11/20/11</u>

REVISED 8-2005

ROUTING: White - Human Resources Office
 Canary - Injured Party
 Pink - Preparer

E-MAILED

NOV 20 2011



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REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT
<input type="checkbox"/> TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)
NAME: _____	
MAILING ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____ PHONE: _____
Date of Birth: _____	Marital Status: <u>N/A</u> SSA Occupation: <u>N/A</u>
Nearest relative (Passengers/Patrons only) Name: _____ Address: _____	
DATE OF INJURY: <u>8-21-2012</u> TIME: <u>19:20</u> AM/PM <u>(PM)</u>	
VESSEL: <u>MV EAGLE</u>	LOCATION: _____
Trip # _____	Terminal: <u>HYA</u> Parking Lot: _____ Bus # _____
Describe how injury occurred: <u>DOOR WAS LET GO ON PASSENGER (SYN) BY ANOTHER PERSON IN FRONT OF FAMILY PORT SIDE O'Z PK (FORWARD) LEADING OUTSIDE.</u>	
Witness, if any: <u>MOTHER</u>	Reported to: <u>PURSEN/OK</u> Date: <u>8-21-12</u>
Describe injuries, if any: <u>RIGHT PINKIE FINGER BLEEDING AND POSSIBLY BROKEN</u>	
Was ambulance called? <u>NO</u> If YES, was injured party transported to hospital? <u>YES</u> If YES, hospital name & address: <u>CAPE COD HOSPITAL, HYANNIS, MA 02601</u>	
Did injured party make a statement as to cause of accident, if YES, what statement and to whom? <u>MOTHER & FATHER OF CHILD MADE THE STATEMENT</u>	
CREW MEMBER/EMPLOYEE:	
Did the employee return to work? _____, If YES - When _____	
Additional remarks: _____	
Injured Seaman must sign here: _____ Date: _____	
If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor. Signature: <u>[Signature]</u> Position: <u>Capt</u> Date: <u>8/22/12</u>	

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ROUTING: White - Human Resources Office
Canary - Injured Party
Pink - Preparer

Signature
8/22/12

SSA 805

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REPORT OF PERSONAL INJURY (ON SSA PROPERTY)



<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT <input type="checkbox"/> TERMINAL AREA <input type="checkbox"/> OTHER (Explain Below)
NAME: _____	
MAILING ADDRESS: _____	
CITY: _____	STATE: _____ PHONE: _____
Date of Birth: _____	Marital Status: _____ SSA Occupation: _____
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)	
Name: _____	Address: <u>SAME</u>
DATE OF INJURY: <u>9/3/2012</u> TIME: <u>1350</u> AM <input checked="" type="radio"/> PM	
VESSEL: M/V <u>EAGLE</u> Trip # <u>12:00</u> LOCATION: _____	
Other: _____	
Describe how injury occurred: <u>ENTERING DOOR. AA STANBARD AFD EXIT DOOR</u> <u>FINGERS PINCH ON INSIDE OF DOOR HINGE</u>	
Witness, if any: <u>MOTHER</u> Reported to: <u>PURSER</u> Date: <u>9-3-12</u>	
Describe injuries, if any: <u>RIGHT 3rd DIGIT LACERATION C PAINFUL DIP JOINT</u> <u>ARMED 3rd DIGIT NAIL BLIND 4th DIGIT NAIL</u>	
Was ambulance called? <u>NO</u> If YES, was injured party transported to hospital? _____ If YES, hospital name & address: _____	
<u>MOTHER STATES SHE WILL GO TO HOSPITAL</u>	
Did injured party make a statement as to cause of accident, If YES, what statement and to whom?	
CREW MEMBER/EMPLOYEE:	
Did the employee return to work? _____, If YES - When _____	
Additional remarks:	
Injured Seaman must sign here: _____ Date: _____	
If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.	
Signature: <u>TIM FINTON</u>	Position: <u>Capt.</u> Date: <u>9/3/12</u>

REVISED 8-2005

ROUTING: White - Human Resources Office
Canary - Injured Party
Pink - Preparer

SEP 05 2012

MAC

AA

SSA 805

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**REPORT OF PERSONAL INJURY
(ON SSA PROPERTY)**



<input checked="" type="checkbox"/>	PASSENGER/PATRON	<input type="checkbox"/>		VESSEL EMPLOYEES (JONES Act)
<input checked="" type="checkbox"/>	VESSEL	PARKING LOT	TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)
NAME: _____				
MAILING ADDRESS: _____				
CITY: _____		STATE: _____	ZIP: _____	PHONE # _____
Date of Birth: _____		Marital Status: _____		SSA Occupation: _____
Nearest relative/relationship: (To be filled out by Passengers/Patrons only) <i>Cell</i> _____				
Name: _____		Address: <i>Home</i> _____		
DATE OF INJURY: <i>8/14/13</i> TIME: <i>1925</i> AM <input checked="" type="radio"/> PM				
VESSEL: MV <i>EAGLE</i>		LOCATION: _____		
Other: <i>UNDERWAY, NANT TO HY, IN HYANNIS HARBOR</i>		Trip # _____ Terminal: _____ Parking Lot _____ Bus # _____		
Describe how injury occurred: <i>VAGUE DESCRIPTION FROM PARENTS, THE BOY CAUGHT HIS HAND IN THE DOORWAY, 03 DECK, STBD SIDE, (RIGHT HAND)</i>				
Witness, if any: <i>PARENTS</i>		Reported to: _____		Date: _____
Describe injuries, if any: <i>DOOR CLOSED ON THE FINGER TIPS, UNSURE OF INJURIES, MEDICAL REPORT TO FOLLOW FROM HOS. TEL.</i>				
Was ambulance called? <i>YES</i> If YES, was injured party transported to hospital? <i>YES</i> If YES, hospital name & address: <i>CAPE COD HOSPITAL, HYANNIS MA</i>				
Did injured party make a statement as to cause of accident? If YES, what statement and to whom? _____				
CREW MEMBER/EMPLOYEE:				
Did the employee return to work? <i>YES</i> (When) _____				
Additional remarks: <i>WEATHER: WNW WIND, 10-15 KNOTS, SEAS 1-2 ft, FAIR,</i>				
Prepared by SSA personnel: <i>James Corbett</i>		Position: <i>CAPTAIN</i>		Date: <i>8/14/13</i>
If Injury was on vessel, report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.				
Signature: <i>James Corbett</i>		Position: <i>CAPTAIN</i>		Date: <i>8/14/13</i>

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<input type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES Act)		
<input type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT	<input type="checkbox"/> TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)
NAME: <u>ANANDA ARNOLD</u>			
MAILING ADDRESS: <u>54 HENRY ST #6</u>			
CITY: <u>NEW YORK</u>	STATE: <u>NY</u>	ZIP: <u>10002</u>	PHONE: <u>347-885-1250</u> <i>(Brooklyn)</i>
Date of Birth: <u>11/18/84</u>	Marital Status: <u>S</u>	SSA Occupation: <u>NO</u>	
Nearest relative/relationship: (To be filled out by Passengers/Patrons only)			
Name: <u>PATRICK ARNOLD</u>		Address:	
DATE OF INJURY: TIME: AM / PM			
VESSEL: <u>MV EAGLE</u>		Tip #	LOCATION: Terminal
Other:		Parking Lot	Bus #
Describe how injury occurred:			
<u>Bathroom Door Closed ON TWO FINGER</u>			
Witness, if any:		Reported to:	Date:
Describe injuries, if any: <u>2 Fing. CUT BAD</u>			
Was ambulance called? <u>YES</u>		If YES, was injured party transported to hospital? <u>YES</u>	
		If YES, hospital name & address: <u>NANTUCKET</u>	
Did injured party make a statement as to cause of accident, if YES: what statement and to whom?			
<u>Door closed ON FINGER</u>			
CREW MEMBER/EMPLOYEE:			
Did the employee return to work?		If YES - When	
Additional remarks:			
Prepared by SSA personnel: <u>S. Pollitt</u>		Position: <u>Pilot</u>	Date: <u>9-3-16</u>
If injury was on vessel - report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor			
Signature: <u>Stephen Pollitt</u>		Position:	Date: <u>9-3-16</u>

Stephen Pollitt

ROUTING: White & Yellow - To Personnel Department
Personnel will send Yellow to Insurance Company
Pink - Injured Gold - Property

SSA 806

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